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ABSTRACT

The paper describes a federally funded project of the University of Alberta (Canada) addressing sexual assault and sexual abuse of people with disabilities. Written in outline style, the paper briefly describes project activities and general conclusions. Phase I of the project documented the nature and extent of the problem. It was concluded that people with disabilities experience at least 150% greater risk for sexual abuse/assault than their nondisabled peers of the same age and sex. Paid caregivers account for about one-third of the abuse, and vulnerability is increased by learned helplessness, limitations on communication, lack of sex education, and other factors. Phase II, the current phase of the project, stresses the identification and development of appropriate strategies for prevention of assault and abuse, and treatment of victims and offenders. It focuses on the areas of family involvement, education, health care, counseling services, transportation, institutional care, vocational services, social services, law enforcement, judicial and legislative reforms, offender programs, and the consultation process. A list of 46 publications concludes the paper. (JDD)

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SEXUAL ABUSE PREVENTION & TREATMENT SERVICES FOR PEOPLE WITH DISABILITIES

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Dick Sobsey: University of Alberta

16th TASH Conference/ December 1989/ San Francisco

•University of Alberta Research Project: 1987—1991

•This project addresses sexual assault of adults and sexual abuse of children as they affect people with disabilities. Phase I of the project has stressed the docuamentation of the nature and extent of the problem. Phase II, the current phase of the project stresses the identification and development of appropriate strategies for prevention of assault and abuse and treatment of victims and offenders. Currently the project is funded by Health and Welfare Canad, National Health Research and Development Program, Family Violence Division through 1990, and we hope to access additional funding to continue this work for two to three additional years. The following outline indicates some of the major activities and conclusions of the project.

- •Funded by Health & Welfare Canada and The University of Alberta Central Research Fund
- •Primary Focus: Sexual Assault & Abuse of People with Disabilities
- •Secondary Focus: Other forms of abuse of People with Disabilities
- •Principle Investigator: Dick Sobsey
- •Phase 1: Ended December 31st, 1989
  - •Review of the literature
  - •Soon to be released annotated bibliography with more than 1100 relevant items
  - •Review of incidence & prevalence estimates
  - •Survey of community treatment resources
  - •Analysis of victims case reports
  - •May Conference. 376 people attended
- •General Conclusions
  - •People with disabilities experience greater risk (at least 150%) than their non-disabled peers of the same age and sex
  - •Most are assaulted or abused by people well known to them
  - •Single episodes of abuse or assault are rare, most are repeated many times over periods of months or years
  - •Physical harm, pregnancy, and sexually transmitted diseases are sometimes results of sexual abuse
  - •Significant emotional/behavioral harm is universal among victims with disabilities

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- •Aversive treatment, drugs, institutionalization often used to treat ***victim's*** response
- •Risk within families may not be substantially increased

•Paid caregivers account for about one third of abuse

- •Attendant care, transportation, professionals, institutional abuse
- •60% for people with severe disabilities

•There is a rapidly expanding literature on abuse and disability

- •Disability>Dependence>Family Stress>Abuse Theory
  - •Most frequent hypothesis for increased abuse among people with disabilities
  - •Inadequacies: ...No empirical demonstration...Blames victims...Blames families
  - •Research suggests level of dependency is not important factor
  - •Caregiver characteristics are best indicator of abuse
- •Few prevention programs / Few victims' services
  - •Sexual assault centers exclude some victims with disabilities
  - •Sexual assault centers cannot accommodate special needs of most victims with disabilities
  - •Service inadequacies recognized...Agencies attempts to accommodate
    - •Much progress is being made in accessible appropriate services
- •Vulnerability increased by
  - •Limitations on communication
  - •Learned helplessness of victims/ Focus on compliance training
  - •History of poor enforcement
  - •Isolated services
  - •Offenders select into the service system
  - •Power inequities favor offenders
  - •System masking
  - •Physical defenselessness of many victims
  - •Perception of vulnerability
  - •Restricted appropriate social and sexual interaction may encourage exploitation
  - •Poor self-image
  - •Lack of sex education and proactive social education

•Phase 2: Working toward solutions

- •Families
  - •First let's apologize
  - •Renewed focus on what is working right
- •Education
  - •Sex education
  - •Abuse prevention

- •Enhance communication
- •More assertiveness, decision-making, social skills, self-esteem, discrimination of people and situations
- •Less compliance, generalization across people & situations, instructional control
- •More integration/Less isolation

•Health Care

- •Professional training
- •Measures to minimize symptom masking
- •Age-appropriate service delivery
- •Training in forensic examination and preserving physical evidence
- •Improved professional organization disciplinary actions
- •Health care worker counseling before abuse and before apprehension
- •Screening staff

•Counseling Services

- •Generic agencies are best
- •Consultation
- •Physical accessibility
- •Appropriate services
- •Program development
- •Informing consumers: people with disabilities and advocates must know services are available

•Transportation

- •Agency responsibility
- •Screening employees
- •Importance of integration

•Institutional Care

- •Agency responsibility: A changing picture
- •Prevention of resident abuse of residents
- •Screening employees
- •Developing counter-control
- •Developing a subculture of support: Dismantling a subculture of abuse
- •Importance of integration

•Vocational Services

- •Agency responsibility
- •Screening employees
- •Importance of integration

•Social Services

- •Professional training
- •Clarification of interagency responsibility
- •Agency responsibility
- •Measures to minimize symptom masking

•Law enforcement

- •Law enforcement education
- •Recognition of the problem
- •Investigation protocols
- •Witness education
- •Maximization of physical evidence
- •Independent victims' services organizations
- •Expert witnesses

•Judicial reforms

- •Education of the courts
- •Recognition of the seriousness of offenses

•Legislative reforms

- •Best evidence rule
- •Disabled Persons' Equal Protection Act

•Offender programs

- •More programs for disabled offenders
- •Better programs for all offenders

•Consultation Process

- •Interactive process
- •Need for additional consultants
- •Need suggestions for protocol components
- •Need for additional case reports

If you or someone you know are interested in helping us with this project by providing us with suggested components, sending in additional case reports, distributing additional case report forms to others who might make reports to us, or acting as a consultant in any of the areas above (e.g., education, judicial reforms, law enforcement...), please contact us.

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For more information consult:

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